



LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

630 Camp Street, New Orleans, LA 70130

(504) 568-6820

www.lsbme.louisiana.gov



APPLICATION FOR EXCEPTION TO RULES ON MEDICATIONS
USED IN TREATMENT OF OBESITY

MAIL TO:

Louisiana State Board of Medical Examiners
Attn.: Office of Investigations and Enforcement
Post Office Box 30250
New Orleans, La 70190-0250

DATE: ____/____/____.

This form can be printed from the LSBME
website at www.lsbme.louisiana.gov

FROM: Please type or block print full name and address of physician:

Name: _____

Address: _____

Phone: _____

Fax: _____

Signature of requesting physician: _____

For Board use only!

Application received: ____/____/____

_____ Approved _____ Not Approved*

Approved with Qualifications:

No. of weeks: _____

_____ This is the first application for this patient. _____ This is follow-up request Number _____ for this patient.

Patient Name: _____ Age: _____ Sex: _____

Starting Weight: _____ Height: _____ Blood Pressure: _____

BMI: _____ Ideal Body Weight: _____ Date Started Program: ____/____/____ Date Last Seen: ____/____/____.

Health Problems/Risk Factors:

Medications Prescribed/Dosages/Date Started:

Weight Lost on Medication Since Beginning Program: _____ Since Last Report: _____

Treatment Plan (diet, behavioral modification, other treatment modes):

*Reasons for denial:

ALLOW 15 DAYS FOR REPLY